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*Richard J. Coldren*

Signature of person mailing correspondence

Richard J. Coldren

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of

Inventor : KOBBE  
Appln. No. : 10/666,475  
Conf. No.: : 8850  
Filed: : September 19, 2003  
Title: : DATA RECOVERY SCHEME IN A THERMOMETER  
SYSTEM  
Group Art Unit : 2635  
Examiner : Yacob, S.  
Docket No. : 02-96

\* \* \* \* \*

August 31, 2006

**PAYMENT OF ISSUE FEE**

Hon. Commissioner of Patents  
and Trademarks  
Alexandria, VA 22313-1450

Sir:

Enclosed herewith are the following for filing in connection with the above-identified U.S. patent application:

- 1) A completed Issue Fee Transmittal Form - PTOL 85(b)(1 page);
- 2) Check No. 408607 in the amount of \$1,700.00;
- 3) Fee Transmittal Form (1 page, 2 copies);

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on August 31, 2006 with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:

Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.

Express Mail Label No. EV 196253369 US.

*Richard J. Coldren*

Richard J. Coldren, Reg. No. 44,084

KOBBE -- Appln. No.: 10/666,475

- 4) Transmittal Form (1 page);
- 5) Change of Correspondence Address (1 page);
- 6) Fee Address Indication Form (1 page);
- 7) Power of Attorney (1 page);
- 8) Statement Under 37 C.F.R. §3.73(b); and
- 9) Certificate of Mailing by Express Mail (1 page, Express Mail Label No. EV 196253369 US).

As noted in the Fee Transmittal Form submitted herewith, the Commissioner is hereby authorized to charge any additional fees due, or credit any overpayment to Deposit Account No. 50-0558.

Respectfully submitted,

By Richard J. Coldren  
Richard J. Coldren  
Reg. No.: 44,084  
Tel. No.: (724) 387-4455  
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RESPIRONICS, INC.  
1010 Murry Ridge Lane  
Murrysville PA, 15668



<b>Mail Stop Issue Fee TRANSMITTAL FORM</b> (To be used for all correspondence after initial filing)		Application Number	10/666,475
		Filing Date	September 19, 2003
		Confirmation Number	8850
		Inventor(s)	KOBBE
		Group Art Unit	2635
Express Mail Label No.: EV 196253369 US		Examiner	Yacob, S.
Total Number of Pages in This Submission: 11		Attorney Docket No.	02-96

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (submit in duplicate)	<input type="checkbox"/> Assignment Papers	<input checked="" type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet	
<input checked="" type="checkbox"/> Fee Attached \$ 1,700.00	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group	
Check No.: 408607	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input type="checkbox"/> Request for Continued Examination (RCE)	
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter	
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application	
<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Certificate of Mailing by Express Mail		
<input type="checkbox"/> Search report			
<input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet	<input checked="" type="checkbox"/> Other Enclosure(s): <u>Fee Address Indication Form; Statement Under 37 C.F.R. §3.73(b)</u>		
<input type="checkbox"/> Formal			
<input type="checkbox"/> Informal			

Current Due Date: October 31, 2006

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Individual and Company	Richard J. Coldren, Reg. No. 44,084 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	<i>Richard J. Coldren</i>
Date	August 31, 2006

CERTIFICATE OF MAILING			
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Typed Name	Richard J. Coldren, Reg. No. 44,084		
Signature	<i>Richard J. Coldren</i>	Date	August 31, 2006